DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:
NAVHOSP29PALMSINST 6560.5B
Code 0901
17 October 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6560.5B

From: Commanding Officer

Subj: UTILIZATION MANAGEMENT PROGRAM

Ref: (a) ASD(HA)memo of 23 Nov 94
(b) Region Nine Utilization Management Plan
(c) Comprehensive Accreditation Manual for Hospitals, The Official Handbook, JCAHO, Current Edition
(d) InterQual Criteria for Utilization Review, Current Edition
(e) Milliman & Robertson Healthcare Management Guidelines, Current Edition
(f) BUMED memo 6000 Ser 323/95U114556236 of 5 Jan 96
(g) Discharge Planning & Community Resource Directory

Encl: (1) NH Twentynine Palms Utilization Management Plan
(2) Organizational Chart
(3) Patient Psychosocial Education Evaluation,(NH29Palms Form 6300/12)
(4) Measures of Effectiveness, Region Nine

1. Purpose. To establish a Utilization Management Plan.

2. Cancellation. NAVHOSP29PALMSINST 6560.5A.

3. Action. The Utilization Management Plan outlines this command's goals, objectives, and actions necessary to ensure quality and cost efficient health care to our beneficiaries. All personnel assigned to Naval Hospital Twentynine Palms and its Branch Clinic will comply with the program and plan outlined in enclosure (1).

4. Applicability. This instruction applies to the staff of the Naval Hospital Twentynine Palms and its Branch Clinic.

R. S. KAYLER

Distribution:
List A

DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:
NAVHOSP29PALMSINST 6560.5B CH-1
Code 0901
6 November 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6560.5B CHANGE TRANSMITTAL 1

From: Commanding Officer

Subj: **UTILIZATION MANAGEMENT PROGRAM**

1. **Purpose**. Direct an pen an ink change to the basic instruction.

2. **Action**. On page 4 of enclosure (1) subparagraph (3) in the first line after the word Service insert "ad hoc".

J. A. NORTON
By direction

Distribution:
List A

NH TWENTYNINE PALMS UTILIZATION MANAGEMENT PLAN

1. Purpose. This program provides for a multidisciplinary approach to balancing quality, cost and access in the provision of health care services to all beneficiaries. The Utilization Management (UM) Plan provides for the identification, documentation and resolution of utilization issues which could result in excessive resource utilization and/or inefficient delivery of care. References (a) and (b) define the components and implementation process of this plan along with guidelines in reference (c).

2. Goals

a. Maximize the use of available resources to effectively minimize overall Medical Treatment Facility (MTF) health care costs.

b. Review and evaluate the MTF health care services in relation to access, medical necessity and appropriate level of care.

c. Identify opportunities to continually improve the processes of care delivered in the MTF.

d. Ensure effective case management/discharge planning programs are functioning within the MTF.

e. Collect and analyze data to evaluate MTF performance along multiple dimensions.

3. Objectives

a. Facilitate the implementation of this command’s UM Plan.

b. Provide measurable data and analysis to management and the Lead Agent on various UM issues.

c. Contribute collaboratively with multidisciplinary providers in managing the continuum of health care delivery.

d. Develop methods and procedures for preauthorization and implements (DoD) mandates in a timely manner.

e. Continue to educate necessary personnel on the use of references (d) and (e).

f. Monitor trends of beneficiary satisfaction.

g. Develop provider practice profiling with information including utilization trends for use by administrative and management personnel.

4. Authority and Responsibility

a. The Commanding Officer is ultimately responsible for the quality of care and resource utilization within the catchment area. Contractor UM activities are accomplished according to the terms of the Managed Care Support Contract. The authority to carry out the UM Program is delegated to the Head, Managed Care Department.

b. The Head, Managed Care Support Department carries out the UM Program and implements the UM plan through the UM Coordinator and Committee.

c. The Utilization Coordinator shall:

(1) Manage the daily activities of the UM plan.

(2) Provide training for the Utilization Reviewers and coordinate their assessment activities with the UM plan.

(3) Review records of patients with identified discrepancies of resource utilization prior to consulting with a Physician Advisor. Consult with a Physician Advisor after identifying patient records which do not meet utilization established criteria.

(4) Collaborate in the integration of UM and Managed Care activities.

(5) Incorporate principles of Performance Improvement in the UM process.

(6) Establish and maintain clear and ongoing comprehensive lines of communication between UM and the health care providers, allied and support staff, managed care support,

patient administration, fiscal management, and a variety of clinical disciplines.

(7) Identify and track UM related problem areas for additional review/analysis.

(8) Communicate findings and make necessary recommendations to improve care to the UM Committee Chairman.

(9) Prepare the agenda for the UM Committee, attend meetings, and maintain UM meeting minutes.

d. The Utilization Management Committee will meet quarterly to review and evaluate utilization patterns of allocated resources. Recommendations will be made to the Board of Directors regarding MTF performance improvement strategies. Reports on measures of effectiveness will be reported quarterly to TRICARE Region 9. The UM plan shall be reviewed annually by the committee.

e. Utilization Management Committee Members

(1) The UM Chairperson will:

(a) Be responsible for the overall development, implementation, and direction of the UM Committee activities.

(b) Act as a liaison between the UM Committee and medical staff departments on UM issues, including criteria development, definition and revision.

(c) Provide training for UM Committee members, when appropriate, to prepare them for committee membership responsibilities.

(e) Serve as Lead Physician Advisor and review cases submitted by the UM Coordinator for second level review. Appoint an appropriate second level reviewer in the event (s)he is not qualified (ie. psychiatry).

(f) Maintain current knowledge on regulations and policies affecting the UM process and direct assessment of the UM program on a yearly basis.

(g) Preside over quarterly UM meetings, coordinate committee agenda items and minutes preparation.

(h) Review and/or analyze indicator data.

(i) Conduct and analyze focused reviews on identified or suspected utilization related problems.

(j) Submit committee minutes to the Commanding Officer via the Performance Improvement Division and the Executive Officer.

(2) The Nursing Service Representative shall address issues of discharge planning and provide expertise on matters of nursing care and hospital service utilization. Acts as a liaison between the UM committee and Director, Nursing Service.

(3) The Ancillary Service Representative shall provide expertise on issues regarding clinical support services, ie; Laboratory, Radiology, Pharmacy, Physical Therapy, Optometry services. Acts as a liaison between UM committee and Director, Ancillary Services.

(4) The Patient Administration Representative shall provide expertise concerning administrative issues such as convalescent leave, medical evacuee, patients in a “medical hold” status, patients who are subsisting at home, medical board policies and procedures.

(5) The Resource Management Representative shall provide expertise on third party reimbursement, cost of stay and fiscal resource information.

(6) The Medical Records Administrator shall provide expertise concerning medical record issues, diagnosis related groups, and medical care documentation.

(7) The Analysis and Evaluation Division will provide expertise on health care resources, medical services contracts, and trends or statistical analysis which the committee may desire.

(8) The Utilization Reviewer shall:

(a) Serve as recorder for the committee and prepares the minutes.

(b) Conduct reviews of admissions, continued stays, and discharge planning.

(c) Collects data for the monthly preparation of the Potentially Avoidable Days report.

(d) Direct questions/concerns to the UM coordinator which may be redirected to the Physician Advisor on a case by case basis.

f. The Catchment Area Executive Council (CAEC) monthly meetings, facilitated by the Managed Care Support Department and attended by the UM Coordinator, contract representatives and other MTF members, will provide the vehicle for identifying, addressing and resolving contract UM issues. Issues which cannot be resolved at this level will be forwarded to the Office of the Lead Agent (OLA) for assistance in appropriate action and resolution.

g. UM Region 9 Committee Meetings are regularly scheduled and will be attended by the UM coordinator or designee. Regional issues and concerns can be addressed and resolved at this meeting. Guidelines from DoD via Region 9 are presented in this forum.

5. Program Resources

a. Staffing

(1) UM Division

(a) The UM Coordinator should be a LCDR or above or a GS-11 Civil Service employee. (S)He should be a nurse with significant clinical knowledge and should also possess management and statistical abilities. (S)He should have training in Utilization Review. His/Her responsibilities are as outlined above.

(b) Per reference (f) the Utilization Reviewer should be a Nurse, LPN, Medical Record Technician or Hospital Corpsman. They will receive InterQual training.

(c) Annual InterQual training, Managed Care training and continual inservice training will be provided for the UM staff.

(2) The organization of the UM Division is included as enclosure (2).

b. Other Resources

(1) Automated Equipment and Program Support

(a) Adequate computer support and the assistance of the Analysis and Evaluation Division of the Managed Care Support Department to facilitate data compilation and report generation will be provided.

(2) Criteria

(a) InterQual and Milliman & Robertson criteria sets shall be applied to determine medical necessity and appropriateness of the health care setting for medical and surgical cases.

7. UM Program Functions

a. Utilization Review Program Functions

(l) Per reference (a), Prospective Reviews shall be conducted for medical necessity and appropriate level of care beginning 01 October 1997. These will include, but are not limited to:

(a) Inpatient

1 Pregnancy, with the exception of patients in active labor or scheduled C-section.

2 Scheduled surgical procedures.

(b) Outpatient

1 Magnetic Resonance Imaging procedures.

2 Outpatient scheduled surgical cases.

(2) Admission and Concurrent Reviews shall be conducted on all admissions and focus on the appropriateness of the admission, of the level of care, and for discharge. Upon admission, a patient must meet either Severity of Illness Criteria (SI) or Intensity of Service (IS) Criteria. If the admission diagnosis is preliminary or unclear, the UM staff shall contact the attending physician for additional information for justification of the admission. If the UM Coordinator is still

unable to validate an admission, the case shall be referred to the Physician Advisor for second level review. If the admission is deemed justified, the Physician Advisor shall notify the UM Coordinator. If the Physician advisor does not find justification for admission, (s)he shall notify the attending physician who then can appeal the findings. If further review is necessary, OLA Region 9 will provide the appropriate specialty reviewer. Concurrent Reviews shall be conducted at least every third working day. A patient must continue to meet at least one IS criterion daily. On each review, both an SI and IS criterion may be met, but an IS criterion must be met as a minimum. Concurrent reviews focus on those diagnoses, problems, procedures and providers with identified or suspected utilization related problems.

(3) Discharge Review shall be conducted when IS criteria are no longer met. If additional documented information supports continued hospitalization, the stay is approved and if not, step down to lower level of care or discharge should be expected within 24 hours.

(4) Retrospective Reviews will be used to evaluate medical necessity, appropriateness of delivery setting and determining deviations from statistical utilization norms. The reviews shall be conducted on focused special studies as deemed necessary and OLA Region 9 determined studies.

(5) UM staff will provide information for focused reviews, special studies and additional tasking from TRICARE Region 9. UM staff will conduct focused reviews and/or special studies with accompanying data base to identify problematic issues at least one per quarter.

(6) Reconsiderations/Appeals/Denials

The Physician Advisor shall perform Second Level Reviews when first level review is in question. If resolution of the problem is not accomplished with this review, then a Region 9 Physician of the same professional specialty service shall be called upon to provide an additional review.

b. <u>Discharge Planning/Case Management</u>

(1) This is a coordinated process between the medical staff, inpatient and ambulatory nursing staff that manages the

care of patients. This coordinated process ensures the patient receives the most efficient and highest quality services possible in the most appropriate setting and at the most appropriate time.

(2) Enclosure (3) will be initiated in the patient care setting (inpatient or ambulatory) in which the patient problems are perceived, or upon admission. If areas of concerns are identified, the patient, patient's significant others, medical provider, inpatient Nursing Department Head or designees, and the appropriate ambulatory care nurse will collaborate in determining the discharge plan. The necessary consults will be written by the provider and forwarded by the nursing staff. The TRICARE Health Care Finders will be utilized for individuals eligible for their services. The inpatient Nursing Department Head/designees or ambulatory care nurse will coordinate community resources for individuals not eligible for TRICARE or for areas not covered by TRICARE, ie; nutrition support, transportation problems, child care concerns, etc.. Reference (g) is used for points of contact and phone numbers by staff members.

c. Clinical Pathways

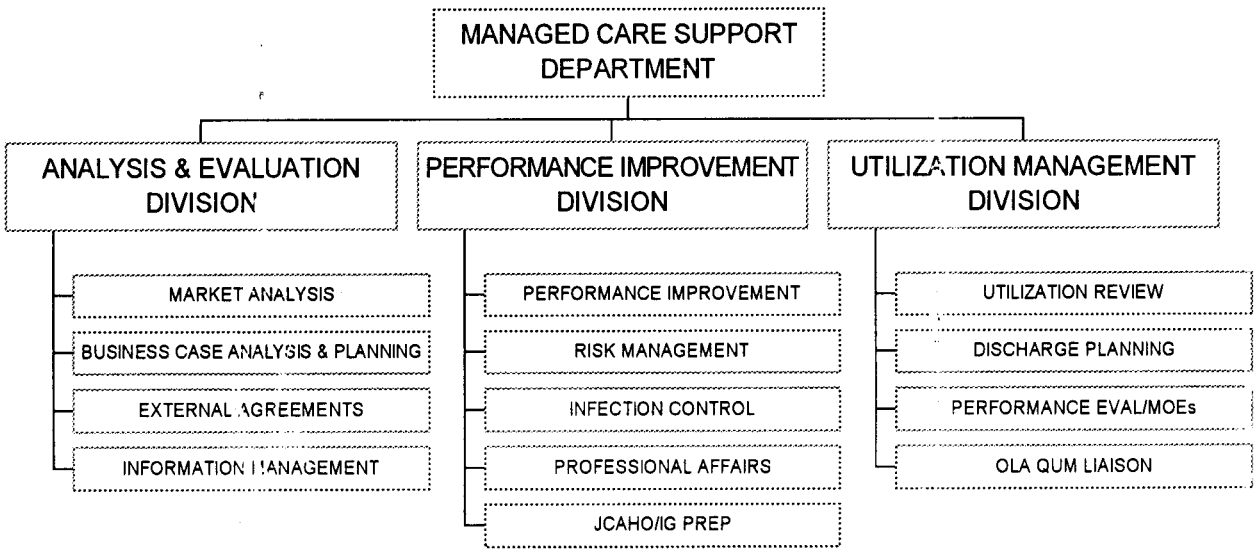
(l) The UM Committee will identify those clinical pathways which should be initially developed from a utilization management prospective. The identification process will be a result of DRG assessments, trending and analyzing other clinical statistical information and retrospective reviews.

8. Performance Evaluation

a. As per reference (b) the Utilization Management Outcome Measures are reported to Region 9 quarterly. See enclosure (4) for a complete listing of requirements.

b. The UM committee will review the above Measures of Effectiveness to identify benchmarks, areas of concern, and appropriate action needed.

MANAGED CARE SUPPORT DEPARTMENT



ENCLOSURE (1)

Part I of II **Patient Psychosocial/Education Evaluation**

Diagnosis:	**Assessment Date:**	**Admit Date:**	**Time:**
Admitting RN:		**Admitting MD:**	

Social Support	**Yes**	**No**	**Initial**
Inadequate support system			
Family Relationship problems/distress			
From outside local area			
Pastoral support needed			
Child care concerns			
Lives alone			
Single parent issues			
Emotional/Behavioral			
Difficult emotional adjustment to illness			
Body image alteration			
Cognitive/ Mental problems			
Behavioral problems			
Suicide Risk			
Difficulty complying with medical plans			
Alcohol/Chemical abuse problem			
Abuse/Neglect (child, spouse, elder)			

Home Environment	**Yes**	**No**	**Initial**
Transportation problems			
Home care services or equipment needs			
Alternative housing needs			
Limitation in performance of ADL's			
Safety issues			
Health			
Pain management issues			
New Diagnosis			
Nutritional problems			
Medication issues			
End stage illness			
Frequent re-admissions			
Life Stressors			
Parenting issues			
Financial issues			
Grief/Loss			
Relationship issues			

Booklet Provided	**Date**	**Disposition of Patient**
Patient Rights and Responsibilities		Date: Place:
Advance Directives		Date: Place:

Consults	**Date Sent**	**Date Seen**	**Seen by**	**Recommendation(s)**
Physical Therapy				Services (Possible Drug/Nutrient Interactions) Pastoral Support Inpatient/Ambulatory Care RN Pharmacy 6 or more medications
Nutrition				

ADDRESSOGRAPH NH29PALMS FORM 6300/ 12

Registered Nurse Signature: _____

Reviewing Medical Officer Signature: _____

Measures of Effectiveness
REGION NINE

MOE	SOURCE	REPORTING PARTY
1. Neonatal Mortality rate (per 1000 births) calculated Regionally and per MTF on a quarterly basis	MTF tracking	MTF
2. C-Section rate (per 1000 deliveries) calculated Regionally and per MFT on a quarterly basis.	Data from RCMAS	Region 9
3. Number of unscheduled returns to Operating Room calculated Regionally and MTF quarterly basis.	MTF tracking	MTF
4. Number of patients leaving the Emergency Department before completion of treatment, calculated Regionally and MTF quarterly basis.	MTF tracking	MTF
5. Number of patients in the Emergency Department greater than six hours before disposition, calculated Regionally and MTF quarterly basis.	MTF tracking	MTF
6. Number of unscheduled returns to the Emergency Department within 72 hours for the same related problems.	MTF tracking	
7. Number of potentially avoidable bed days (PADS) stratified by reason.	MTF tracking	MTF
8. Number of admissions for DOD mandated and other MTF identified DRGs that failed to meet InterQual criteria, stratified by diagnostic category and provider and calculated quarterly. DOD mandated DRGs: Cataracts (39); Adjunctive Dental Procedures (185-7)	MTF tracking	MTF
9. Number of MRIs and Cataracts procedures which fail to meet InterQual criteria.	MTF tracking	MTF
10. Length of time for routine and urgent appointments for Primary Care Clinics (FPC, PC, Peds, IMC) stratified by active duty and other beneficiaries, to be calculated quarterly.	CHCS	Region 9

11. Time required to obtain a specialty referral appointment, stratified by specialty, for active duty and other beneficiaries, to be calculated quarterly.	CHCS	Region 9
12. Top 25 DRGs for Region 9, stratified by MTF and for the region overall, by frequency and relative weighted product (RWP), to be calculated quarterly.	RCMAS	Region 9
13. Top 25 DRGs for Region Nine, stratified by MTF and for the region overall, by LOS vs expected LOS, to be calculated quarterly.	RCMAS	Region 9
14. Medical and Surgical discharges per 1000 active duty family member by MTF catchment area in Region Nine, calculated as a baseline, and then semi-annually.	RCMAS	Region 9
15. Active Duty Med/Surg Inpatient Utilization (based on population, total number of active duty discharges, number of discharges per 1000 active duty population, overall number of bed days, and number of bed days per 1000). Calculated regionally and per MTF as baseline, and then semi-annually.	RCMAS	Region 9

Readiness to Learn: (Circle appropriate letter) P- Poor A- Average G- good

	PATIENT	OTHER
ABILITY TO UNDERSTAND VERBAL INSTRUCTIONS	P A G	P A G
ABILITY TO UNDERSTAND WRITTEN INSTRUCTIONS	P A G	P A G
KNOWLEDGE OF EDUCATIONAL NEEDS, TREATMENT PLAN	P A G	P A G

Specific Barriers to Learning Circle Y (Yes) N (No)

PHYSICAL Y N	SENSORY (VISUAL) Y N	CULTURAL Y N
READING Y N	SENSORY (AUDITORY) Y N	RELIGIOUS Y N
LANGUAGE Y N	MOTIVATION Y N	COGNITIVE Y N
AGE-RELATED ISSUES Y N	EMOTIONAL Y N	FINANCIAL CONCERNS Y N

EDUCATION NEEDS		WHO		HOW		RESPONSE	
CODE		**CODE**		**CODE**		**CODE**	
MED	USE OF MEDICATIONS	PT	PATIENT	D	DEMONSTRATION	Q	QUESTIONS
EQ	USE OF EQUIPMENT	F	FAMILY	P	PAMPHLET	VR	VERBALIZED UNDERSTANDING
F/D	POTENTIAL FOOD DRUG INTERACTION	O	OTHER	TV	VIDEO/TV	R	RESTLESS, DIFFICULTY LISTENING
DIET	MODIFIED DIET			V	VERBAL INSTRUCTION	DI	SEEMS DISINTERESTED
REH	REHABILITATION TECHNIQUES			W	WRITTEN INSTRUCTION	A	ATTENTIVE VERBAL RESPONSE
CR	COMMUNITY RESOURCES			MED	MEDICATION INSTR. SHEET	NR	NEEDS REINFORCEMENT
RX	WHEN & HOW TO OBTAIN FURTHER TREATMENT			GR	GROUP WORK	DR	DENIAL/RESISTANCE
RES	RESPONSIBILITY OF PTS IN THEIR CARE			O	OTHER	NA	NOT APPLICABLE
D/C	PERTINENT DISCHARGE INSTRUCTIONS OF CONTINUING CARE NEEDS						
O	OTHER						

DATE	ED NEEDS	INFO TAUGHT	WHO	HOW	RESPONSE	SIGNATURE